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FOR INFORMATION

COUNTRY NOTE**

Mauritania

SUMMARY

The Executive Director presents the country note for Mauritania for a programme of cooperation for the period 1999 to 2003.

THE SITUATION OF CHILDREN AND WOMEN

1. Mauritania, a country situated in the Sahel-Saharan region with around 2.3 million inhabitants, suffers from chronic poverty, drought, desertification and migration from rural areas. The nomadic population has decreased from 75 per cent of the total population in 1965 to less than 10 per cent today, bringing the urban population to more than 50 per cent in 1996. The country faces serious challenges in terms of adapting basic infrastructures and changing habits. With a per capita gross national product of $460 (1995) and a considerable level of indebtedness, Mauritania belongs to the group of least developed countries. More than half of the population is living below the poverty level. Economic growth has resumed but population growth remains high.

* E/ICEF/1998/2.

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its second regular session of 1998.

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2. Nearly 80 per cent of the population now has access to primary health care thanks to the spread of the Bamako Initiative strategy. Since 1995, national vaccination days have allowed more than 90 per cent of the children under five to be vaccinated every year against poliomyelitis and measles. The number of cases of dracunculiasis decreased from 5,667 in 1993 to 562 in 1996. Considerable efforts, however, still need to be made. The under-five mortality rate (U5MR), while declining, is still high, going from 213 per 1,000 live births in 1990 to 183 in 1996. The infant mortality rate (IMR) of 124 per 1,000 live births has not changed since 1990 according to UNICEF, although government estimates show a decrease. The main causes of infant mortality are malaria, acute respiratory infections (ARI), diarrhoeal diseases and malnutrition. The maternal mortality rate (MMR) is estimated at 930 per 100,000 live births. Nutritional surveys revealed an overall malnutrition rate of nearly one quarter of all children under 5. While the supply of water has improved, its availability and quality remain inadequate. Its very high cost in peri-urban areas limits access. There are persistent challenges in the areas of hygiene and sanitation, girls' and women's health and environmental protection.

3. Mauritania has recently placed the emphasis on improving the population's access to information, inter alia, by strengthening the national telecommunications network and radio and television coverage. With UNICEF support, three regional radio stations have been created. Serious efforts have been made to reduce illiteracy, which still affects two thirds of the adult population (74 per cent of women). These efforts are combined with efforts to provide equipment and infrastructure and are aimed at improving the population's living conditions and changing its behaviour patterns. Great hopes are placed on the rapid growth of the gross school rate enrolment, which, according to national surveys, increased from 45 per cent in 1990 to 87 per cent in 1996 (with a disparity between boys and girls of less than 10 per cent). The main challenges now are to improve the quality of education, decrease the drop-out rate and reduce disparities.

4. Mauritania has ratified the Convention on the Rights of the Child but it has not yet ratified the Convention on the Elimination of All Forms of Discrimination against Women. Women and young people are key partners in development in Mauritania, but the exercise of their rights often remains difficult. The Government strongly encourages their being trained within associations or cooperative groups and also favours access to microcredit for women.

5. Mauritanian society continues to be marked by economic and social disparities resulting, inter alia, from traditional hierarchies. At the same time, the rapid changes in society have at times led to the emergence of new social problems linked to the deterioration of the traditional mechanisms of protection and of family and tribal solidarity. Recent studies and programmes have provided a better understanding of, and response to, phenomena which are often new, such as street children, children in trouble with the law and the exploitation of certain categories of children.

LESSONS LEARNED FROM PAST COOPERATION

6. The mid-term review of the 1994-1998 programme emphasized that many objectives had been reached in the area of health (in particular, the widespread revitalization of the health services), but recommended that more attention should at the same time be paid to other fundamental survival factors, such as access to good drinking water; the promotion and utilization of basic hygiene and sanitation infrastructures; the improvement of women's health and the campaign against maternal mortality, and the improvement of the nutritional status of the most vulnerable groups. The review recommended that the education programme should be strengthened, particular attention being paid to the school enrolment of girls and to pre-school children, and that the social mobilization and communication programme should be directed more towards changing behaviour patterns and analysing the situation with regard to local community participation.

7. The mid-term review emphasized the success of the Bamako Initiative and its community participation and cost recovery components and recommended that the Initiative should, whenever possible, be used as a guide in other sectoral programmes. It also proposed strengthening action research, such as that carried out in pilot projects (water supply in peri-urban areas and revenue-generating activities for women in rural areas) and advocacy to document and facilitate the expansion of successful experiments. The review regretted the inadequate attention given to national capacity-building in outlying areas, which is a factor in sustainability. In short, the review found that the programme approach was too sectoral and suggested that programmes should be better integrated.

PROPOSED COUNTRY PROGRAMME STRATEGY

8. The new programming framework was prepared on the basis of (a) Mauritania's new policies (inter alia, by emphasizing the new priorities arising from the sectoral investment programmes in health and education); (b) the Convention on the Rights of the Child; (c) the country strategy note; and (d) the pursuit of greater complementarity between UNICEF and the other partners.

9. The programme aims to improve the living conditions of children and women in Mauritania. It will promote the exercise of the rights of children and women as defined in the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women. The programme is designed to monitor and assess progress made at the national level in securing these rights in the key areas of survival, development and protection. The programme will contribute to the national goals of (a) reducing IMR by 20 per cent; (b) reducing U5MR by at least 25 per cent; (c) reducing MMR by at least 20 per cent; (d) eradicating poliomyelitis, dracunculiasis, and iodine and Vitamin A deficiencies; (e) reducing the prevalence of permanent handicaps among children and women; (f) achieving universal school enrolment of boys and girls; and (g) promoting development opportunities for children and women as well as their effective participation in hygiene, health and the environment.

10. These goals will be pursued through the following strategies: (a) the provision of services, priority being given to the most disadvantaged; (b) advocacy, by support for the formulation, implementation and monitoring of social policies for the benefit of children and women; (c) the strengthening of national and local capacities by support for decentralization and urban initiatives (such as the initiative "Maires défenseurs des enfants"); (d) the empowerment of communities, particularly women, by the promotion of community participation in the selection and implementation of activities, and the promotion of changes in behaviour patterns; (e) the evaluation and application to other sectors of the lessons learned from the Bamako Initiative; and (f) the strengthening and validation of action-research approaches within pilot projects prior to their extension to the national level.

11. The programme of cooperation for the period 1999-2003 will be organized around three intersectoral programmes instead of the previous approach, which was considered too sectoral and fragmented.

12. The programme on the survival of children and women, in cooperation with all the partners, will support the attainment of governmental objectives, including: (a) the reduction of infant mortality attributable to diarrhoeal diseases, malaria, ARI and the target diseases of the expanded programme on immunization; and (b) the reduction of maternal mortality attributable to dystocia and post-partum haemorrhaging. Particular attention will be paid to the reinforcement of experience gained in the revitalization and participatory management of health facilities, the improvement of the quality of services, the placement and empowerment of water point committees in 7 (of 13) regions, the organization of specialized emergency obstetrical care hospitals (in 4 of 12), and the promotion of integrated health, nutrition, and hygiene and sanitation activities at the community level. The programme will also contribute to the improvement of the early detection, prevention and treatment of nutritional emergencies.

13. The programme on the development of children and women will help to: (a) improve school enrolment of girls and pre-school enrolment of young children, and (b) provide mothers with the knowledge and means to promote the harmonious development of their children. In particular, it will seek to: (a) improve the quality of primary education and promote the emergence of pre-school networks in a number of villages and outlying areas; (b) strengthen information, communication and education programmes, in particular by expanding regional radio networks and mobilization activities in nearby communities in cooperation with the Scouts and Guides of Mauritania; (c) strengthen the management and empowerment capacities of women and young people to promote access to microcredit and revenue-generating activities; (d) promote the dissemination of an experimental community management model based on the close monitoring of the school enrolment of young girls and the development of hygiene and health behaviour patterns for the school environment.

14. The programme on the protection of children and women will contribute to the creation of a legal and institutional environment which will promote the ratification of the Convention on the Elimination of All Forms of Discrimination against Women and the exercise of the rights of children and women including the disadvantaged and the vulnerable. It will support the establishment of regional

and local databases; improved access to appropriate services (information centres, re-education centres, etc.); and the development of plans of action within the framework of the initiative "Maires défenseurs des enfants".

ESTIMATED PROGRAMME BUDGET

Estimated programme cooperation, 1999-2003*

(In thousands of United States dollars)

	General resources	Supplementary funds	Total
Survival of children and women	2 250	6 650	8 900
Development of children and women	1 600	4 000	5 600
Protection and participation of children and women	1 150	1 850	3 000
Total	5 000	12 500	17 500

* These are indicative figures only which are subject to change once aggregate financial data are finalized.